

APPLICATION DATA SHEET

Application Information

Application Number:: NOT YET ASSIGNED
Filing Date:: January 30, 2004
Application Type:: Non-Provisional
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?::
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CFR)?::
Number of Copies of CFR::
Title:: VIDEO-BASED PASSBACK EVENT DETECTION
Attorney Docket Number:: 37112-192025
Request for Early Publication?::
Request for Non-Publication?::
Suggested Drawing Figure::
Total Drawing Sheets:: 11
Small Entity?::
Latin Name::
Variety Denomination Name::
Petition Included?::
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship::
Country::
Status:: Full Capacity
Given Name:: Alan
Middle Name:: J.
Family Name:: LIPTON
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of Mailing Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship::
Country::
Status:: Full Capacity
Given Name:: Peter
Middle Name:: L.
Family Name:: VENETIANER
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship::

Country::

Status:: Full Capacity

Given Name:: Andrew

Middle Name:: J.

Family Name:: CHOSAK

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship::

Country::

Status:: Full Capacity

Given Name:: Matt

Middle Name::

Family Name:: FRAZIER

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

**State or Province of Mailing
Address::**

Country of Mailing Address::

**Postal or Zip Code of Mailing
Address::**

Applicant Authority Type:: Inventor

Primary Citizenship::

Country::

Status:: Full Capacity

Given Name:: Donald

Middle Name::

Family Name:: MADDEN

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

**State or Province of Mailing
Address::**

Country of Mailing Address::

**Postal or Zip Code of Mailing
Address::**

Applicant Authority Type:: Inventor

Primary Citizenship::

Country::
Status:: Full Capacity
Given Name:: Gary
Middle Name::
Family Name:: MYERS
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of Mailing Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship::
Country::
Status:: Full Capacity
Given Name:: James
Middle Name::
Family Name:: SFEKAS
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of Mailing Address::
City of Mailing Address::
State or Province of Mailing Address::

Country of Mailing Address::

**Postal or Zip Code of Mailing
Address::**

Applicant Authority Type:: Inventor

Primary Citizenship::

Country::

Status:: Full Capacity

Given Name:: Weihong

Middle Name::

Family Name:: YIN

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

**State or Province of Mailing
Address::**

Country of Mailing Address::

**Postal or Zip Code of Mailing
Address::**

Correspondence Information

**Correspondence Customer
Number::** 26694

Phone Number::

Fax Number::

E-Mail Address::

Representative Information

Representative Customer Number:: 26694

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	Continuation of		
	Continuation of		
	Continuation of		
	Continuation of		

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: ObjectVideo, Inc.
Street of Mailing Address:: 11600 Sunrise Valley Drive, Suite 290
City of Mailing Address:: Reston
State or Province of Mailing Address::
Country of Mailing Address:: Virginia
Postal or Zip Code of Mailing Address:: 20191

DC2-519214